



STATE OF NORTH CAROLINA

DEPARTMENT OF HUMAN RESOURCES

Division of Health Services

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MEMORANDUM

TO: All Health Directors

FROM: Roy V. Berry, M.D., Head, Tuberculosis Control Branch, Epidemiology Section

SUBJECT: Tuberculosis patients whose treatment is being supervised by private M.D.'s.

It is recommended that a local policy be established if it does not already exist designed to enable health departments to be kept fully informed about tuberculosis patients who are being treated by private M.D.'s in all communities in North Carolina. G.S. 130-113 states in part that where there is no danger to the public or other individuals as determined by the health director, the tuberculosis patient may receive treatment at home.

It is becoming apparent that treatment of a number of tuberculosis patients is being undertaken by private physicians, with or without initial hospitalization in the local hospital. It is also becoming not uncommon for the health department to be asked to furnish anti-tuberculosis drugs in these situations.

In the interests of maintaining adequate standards of tuberculosis control in the State, it is recommended that an understanding be reached with the private M.D. who is providing supervision of treatment in every case. Adequate statutory and regulatory authority exists to support the existence of such an understanding. The publication entitled "Regulations and Disease Control Measures Governing the Control of Communicable Diseases in North Carolina" should be consulted for details. Copies are available on request from Epidemiology Section, DHS, Raleigh, if you do not have one on hand.

It is suggested that the private M.D. should be asked to agree to the following:

1. Supply sufficient information about the case to enable communicable disease report card to be completed and filed. This is required by G.S. 130-81. Also, sufficient clinical information for proper classification and coding of the case. You may wish the physician to complete an "Individual Tuberculosis Report" card for his case. Supplies of this card are available from Tuberculosis Branch, DHS, Raleigh, Form No. CDC 5.2431 Rev. 9-74. (See also memo and guidelines for the reporting and verification of tuberculosis cases in North Carolina dated June 9, 1975.)

2. Supply periodic follow-up reports about patients' progress, bacteriologic status, or other change in status of disease. A reasonable period would be not less often than every three months until a full and adequate course